CORE PRACTICE MODEL: CHECK-IN TOOL

This tool is designed to help established CORE teams highlight and celebrate their strengths, create opportunities for discussion, and identify potential areas for improvement. It is meant to invite conversation, and will be used for internal purposes only.

Care Home:		Date:	
Participants:			

To be completed by LTCI Coordinator prior to meeting (full distribution overview to be brought to meeting by Coordinator)					
Total # of MRPs		# of CORE MRPs		# of non-CORE MRPs	

TEAM STRENGTHS

Tell us about some positive aspects of working with the physicians & staff team at your care home. What is going well?

CORE ELEMENTS

1. Proactive Visits & 24/7 Availability
CORE physicians visit proactively at regular intervals during business hours, Monday to Friday, and are responsive to daytime medical needs. After-hours coverage is provided by the LTCI After-Hours Call Group.

Quick list	Notes
☐ CORE physicians visit proactively at regular intervals ☐ CORE physicians visit during business hours, M-F ☐ Care home team members are aware of CORE physicians' scheduled visits & discuss resident concerns during proactive visits	

Additional feedback

A. How satisfied are you with the CORE physician schedule & visiting frequency?

Satisfied - Neutral - Unsatisfied

B. How satisfied are you with CORE physicians' response time to urgent & non-urgent concerns?

Satisfied --------------------------------- Neutral --------------------------------- Unsatisfied

C. How satisfied are you with the after-hours coverage provided to your site?

Satisfied --------------------------------- Neutral --------------------------------- Unsatisfied

CORE ELEMENTS

2. Resident Distribution

Residents are allocated based on desired panel size and availability of each MRP, taking into account the size of the care home and number of physicians.

Quick list	Notes
☐ Overall, residents are equally distributed among CORE MRPs, and CORE MRP cohort sizes are similar (if not, please comment)	
☐ CORE physicians are regularly asked if satisfied with resident panel size	
☐ Medical Coordinator (MC) periodically reviews resident distribution & audits the records of residents of non-CORE MRPs to ensure BPEs are being met	
☐ If BPEs are not being met by non-CORE MRPs, MC offers MRP option to a) commit to CORE standards or b) transfer care to CORE MRP	

Additional feedback

A. Considering the total number of residents & CORE physicians at this site, is your care home satisfied with the current number of CORE physicians on the team?
    ☐ Yes
    ☐ No

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B. Is there any need to look at recruitment of new CORE physicians for your care home (i.e. due to pending physician retirements or other potential changes)?
- ☐ Yes
- ☐ No

CORE ELEMENTS

3. Admission Process
There is a rotation schedule in place for CORE physician admissions. Residents and families are given the opportunity to transfer care to a CORE physician. To function optimally, the majority of residents at a CORE care home should be cared for by a CORE physician.

Quick list	Notes
☐ There is a process for assigning new admissions to CORE physicians ☐ There is information about CORE on the care home's website & in the admission package & it is reviewed during preadmission interviews ☐ Residents/family members are offered the opportunity to transfer medical care to a CORE physician ☐ Upon admission, residents' community MRPs are notified of CORE model & asked to consider transferring care to CORE physicians	

Additional feedback

A. Is there a dedicated staff member responsible for facilitating the admissions process? Do they currently use CORE admissions tools or templates?

B. How is the rotation schedule (rota) currently functioning at your site?

C. How satisfied is your team with the CORE admissions processes?

Satisfied ------------------------------------ Neutral ------------------------------------ Unsatisfied

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Any feedback on CORE admissions tools & templates?

D. How satisfied are CORE physicians with the admissions process?

Satisfied ---------------------------------- Neutral ---------------------------------- Unsatisfied

CORE ELEMENTS

4. Care Conferences & Meaningful Medication Reviews
CORE MRPs attend all care conferences for residents assigned to them, and review resident medications with the MRN and Pharmacist every 6 months. When possible, medication reviews are combined with care conferences.

Quick list	Notes
☐ CORE MRPs attend care conferences (CCs) ☐ Care home strives to adapt CC schedule to CORE physicians' schedules ☐ CORE MRPs review medications with the MRN & pharmacist every 6 months ☐ CORE MRPs combine CCs & meaningful medication reviews when possible	

Additional feedback

A. Which care home staff members are responsible for organizing & facilitating care conferences?

Do they use the Care Conference Toolkit, or does your care home have other preferred processes/forms?
☐ CC Toolkit
☐ Other processes/forms:

B. Which interdisciplinary team members attend care conferences?

C. Have care home staff & physicians expressed satisfaction regarding *care conference* processes? Any feedback?

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D. Have care home staff & physicians expressed satisfaction regarding *medication review* processes? Any feedback?

CORE ELEMENTS

5. Documentation
Admission medical history, current problem list, progress notes, and summary assessments are completed by CORE MRPs in a timely manner. Every resident must have a current MOST and the conversation with the resident/family regarding MOST must be clearly documented.

Quick list	*Notes*
☐ Every resident has a current MOST ☐ Admission history & progress notes are completed by CORE physicians within the time frame requested by admissions staff	

Additional feedback

A. Does your care home have an EHR?
  ☐ Yes:
  ☐ No

  For care homes with EHRs: do all physicians document their progress notes in it?
  ☐ Yes
  ☐ No

B. Are physicians enabled to document in the EHR remotely?
  ☐ Yes
  ☐ No

C. Which staff members are able to help physicians with EHR access & use, when required?

QUALITY IMPROVEMENT & EDUCATION

What other opportunities for quality improvement & education (related to the BPEs) have you noticed in your day-to-day experiences? How can the LTCI support you with these initiatives?

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